Amendments to the Claims:

This listing of the claims will replace all prior versions and listings of claims in the application.

Listing of Claims

Claim 1. (Currently amended) A method for improving the cardiovascular function of a subject having reduced cardiovascular function ~~comprising~~ consisting of the chronic administration of two to ~~ten~~ eight grams of D-ribose one to four times daily to the subject.

Claim 2. (Original) The method according to claim 1 further comprising the addition of an effective amount of a vasodilator.

Claim 3. (Original) The method according to claim 2 wherein the vasodilator is L-arginine, nitroglycerin, a nitrate, a nitrite, papaverine, isoproterenol, nylidrin, isoxsuprine, nitroprusside, adenosine, xanthine, ethyl alcohol, dipyramide, hydrazaline, minoxidil or diazoxide.

Claim 4. (Canceled)

Claim 5. (Canceled)

Claim 6. (Currently amended) a method for relieving the symptoms of peripheral vascular disease in a subject suffering from peripheral vascular disease consisting of the chronic administration of from two to ten eight grams of D-ribose one to four times daily ~~for a period of at least one week.~~

Claims7-17 (Canceled)

12, lines 23-30 and affidavit of John St. Cyr). Examiner Jiang pointed out in the interview that the instant claims may be considered a species of the generic claims of the '366 patent. If on reflection, the Examiner is not persuaded that the instant invention is not obvious from the '366 patent, Applicant is willing to file a terminal disclaimer.

The Examiner has provisionally rejected claims 1-3 and 6 on the ground of obviousness type double patenting based on copending Application No. 11/118,613. The priority date now claimed is more than one year prior to the filing of the '613 application; therefore, that application is not an available reference.

The Examiner has rejected claims 1-3 and 6 under 35 U.S.C. § 103 (a) as being unpatentable over Omran et al. in view of U.S. Patent 6,218,366. The Omran reference is Example 1 of the present invention. Dr. Omran worked under the direction of Dr. St. Cyr in the clinical studies to determine whether CHF patients could benefit from low doses of ribose. The reference cited was published well after the priority date of the present application and is therefore not available as a reference.

The affidavit of Dr. John St. Cyr is presented to show that despite a long felt need for cardiac therapy, in the forty years that ribose has been studied and the twenty years since the patents of Dr. John Foker, no one before the present inventors was able to find a dose of ribose that is effective, tolerable and sustainable. Dr. St. Cyr also mentions the commercial success that has eluded other ribose researchers.

Reconsideration of the rejections in the office action of June 16, 2006 is respectfully requested. Applicants respectfully request that a timely Notice of Allowance be issued in this case.

Respectfully submitted,

Kathleen R. Terry

Kathleen R. Terry, Attorney for Applicants
Reg. No. 31884
(651) 659-9819
krterry@visi.com

Please direct all correspondence to:
Kathleen R. Terry
1666 Coffman Street